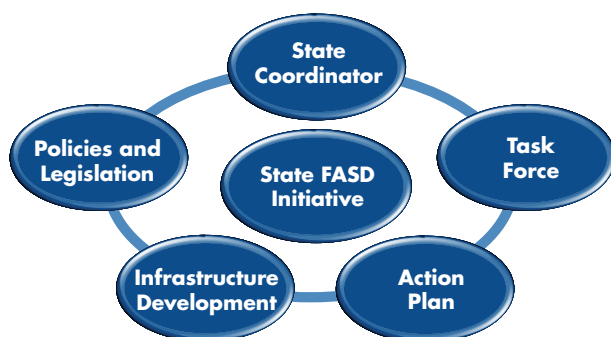


Preventing and Addressing Fetal Alcohol Spectrum Disorders (FASD) In Your State

How you can do it. How we can help.



- More and more states are developing Task Forces and State Action Plans to address and prevent Fetal Alcohol Spectrum Disorders (FASD), a range of conditions caused by prenatal alcohol exposure.
- Addressing FASD in substance abuse and mental health treatment settings has both outcome and cost benefits.
- Since 2001, the SAMHSA FASD Center for Excellence, in collaboration with states, has put together a 'road map' that can help others get started on this process.



Since 2001, the SAMHSA FASD Center for Excellence has helped an increasing number of states prevent and address Fetal Alcohol Spectrum Disorders (FASD) in a variety of health, education, criminal justice, and social service settings. Recognizing FASD across systems is vital – Individuals with an FASD are at increased risk of substance abuse and mental health issues¹, and

their condition is often misdiagnosed or goes unrecognized², leading to interaction with many support systems throughout their lifetimes.

This Fact Sheet provides an introduction to the key elements of effectively addressing FASD in your state. Through our work with FASD State Coordinators, the FASD Center for Excellence has also

identified some of the typical challenges that states face in developing FASD capacity, and how those challenges can be met successfully.

There is no 'minimum requirement' to get started. Chances are that there are active champions of FASD prevention, diagnosis, and treatment in your state already (and we can help you find them). However, even if you are at square one, the information and resources in this Fact Sheet can help you and your state move forward with the right kind of support.

Flip over to learn more!



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov



SAMHSA
Fetal Alcohol Spectrum Disorders
Center for Excellence

Designating a State FASD Coordinator

A state-recognized appointee brings validity to this often unacknowledged public health issue. The position can act as a single point of contact to coordinate activities across agencies

- **Challenges:** Initiating the position; integrating the position into existing activities
- ✓ At least 28 states, DC, and the Navajo Nation have a State FASD Coordinator, resulting in clear leadership, improved services coordination, and strategic plans for program and policy development.

Convening a State FASD Task Force

An inter-agency Task Force encourages cross-system buy-in and coordination, and can help maximize implementation and access to funding mechanisms.

- **Challenges:** Keeping the focus on FASD; member turnover; competing interests
- ✓ State FASD Task Forces have drafted and supported new legislation, increased awareness of FASD, and increased FASD prevention and intervention services.

Developing a State FASD Action Plan

A formal State Plan clarifies goals, roles, and lines of communication, and provides a roadmap at the program level.

- **Challenges:** Getting state-level approval; implementation; program-level resistance
- ✓ FASD State Plans have mobilized resources, ensured accountability,

and generated measurable outcomes to increase visibility and commitments to FASD planning.

Infrastructure Development to Prevent and Address FASD

Funding and training are essential to building effective infrastructure. Funding creates opportunities to build capacity and knowledge, and provider training expands buy-in and creates new 'norms' of practice in the workforce.

- **Challenges:** Measuring impact; sustainability; ensuring that existing state FASD leaders and Action Plans are integrated into or supported by funding efforts
- ✓ The FASD Center serves as a national resource for FASD prevention and treatment, and works regularly with programs and states

to access creative funding solutions and develop meaningful outcome goals. In addition, since 2007 we have provided more than 240 FASD trainings for nearly 10,000 participants in 32 states and Canada.

Drafting Policies and Legislation

Policy and legislation are needed to formalize state- and program-level commitment and ensure long-term impact on agency and program priorities.

- **Challenges:** Identifying champions to identify opportunities and advocates, accessing data that convey needs and costs
- ✓ Through efforts at state levels, more than 90 FASD-related pieces of legislation have been passed nationwide since 2003.

SO WHERE TO START? Right here.

No matter where you are in the process, the SAMHSA FASD Center for Excellence provides technical assistance to help States move forward and training on FASD prevention and treatment to support implementation. To contact us:

- ✓ Visit www.fasdccenter.samhsa.gov
- ✓ Or call 866-STOPFAS (866-786-7327)

We also recommend the following resources and Web sites for states looking to build FASD capacity:

- ✓ The National Association of FASD State Coordinators/
<http://fasdccenter.samhsa.gov/statesystemsofcare/nafsc.aspx>
- ✓ FASD State Plans/
<http://fasdccenter.samhsa.gov/statesystemsofcare/statesystemsofcare.aspx>
- ✓ Proclamation Samples/
<http://fasdccenter.samhsa.gov/fasawarenessday/Proclamations.aspx>
- ✓ Cost Analysis of Benefits of Preventing FASD vs. Providing Treatment/
<http://fasdccenter.samhsa.gov/documents/RickHarwoodPresentation.pdf>
- ✓ Passed Legislation Related to FASD/
http://fasdccenter.samhsa.gov/documents/FASD_Legislation_by_State_Oct_2012.pdf

¹ Astley, S. J. (2010). Profile of the first 1,400 patients receiving diagnostic evaluations for Fetal Alcohol Spectrum Disorder at the Washington State Fetal Alcohol Syndrome Diagnostic and Prevention Network. *Canadian Journal of Clinical Pharmacology*, 17(1), e132-64.

² Greenbaum, R. L., Stevens, S. A., Nash, K., Koren, G., & Rovet, J. (2009). Social cognitive and emotion processing abilities of children with Fetal Alcohol Spectrum Disorders: A comparison with Attention Deficit Hyperactivity Disorder. *Alcoholism: Clinical & Experimental Research*, 33(10), 1656-1670.